

Violence against doctor – few points to be focussed

Dear Editor,

We read with great emotions on doctors attack and its solution based on public health policy perspective, “Death of a doctor - Ek Doctor Ki Maut – Time to boost the ailing and failing public health system in India” by Raman Kumar.^[1] Really, it is a bad situation in India in recent times, and plenty of media coverage and scientific articles are talking about this issue. Based on several protests and agitation a bill has been drafted. However, recently, the Ministry Of Home Affairs, commented that Clinical Establishments Act 2010 provides all the protection and that no separate law is essential.^[2]

The solution mentioned by the author has to be implemented in reality. The point mentioned should be thought by the policy makers. As the author have rightly pointed out, the policy makers should come down from their heightened point, here I have tried to correlate a few personal observations.

I searched recently into the official Ministry Of Health website to find out about the health secretaries in various states.^[3] From the observation, it was found that out of 36 states/UT only 7 state Health Secretary was doctorate with 5 holding a medical graduate degree. The 5 states include Jharkhand, Madhya Pradesh, Odisha, Maharashtra and Tamilnadu. Among these 5 states, Maharashtra, Tamil Nadu and Madhya Pradesh have assault against doctors in a number of 3,1 and 1, respectively.^[3,4]

Most of the maximum and the recent violence happened state other than medical secretaries. This is not to blame the officers holding the post, but to stress it may sometime strengthen the system. May be the observation is unwarranted, we should consider these people can make the policy makers of their respective state to a practically implementable activity and the act. Even though few graduated medical doctors holding responsible positions other than health in their state they can be strongly utilized for the purpose of the draft act, at least against violence.

In most of the articles that came out after the violence against doctors, the medical curriculum of involving students in patient doctor relationship is discussed, and the same has been recently implemented. It is highly appreciable move by the board of governors/MCI.^[5]

Even though other factors like health care set up, infrastructures, manpower, security guard provision etc., have been pointed as

the important factor in various scientific article there is only one factor that is doctor oriented apart from communication skill. It is mandated by the students, interns and doctors maintain their decorum in a good sense in the places of vulnerability. Approximately 20 assaults have been documented since 2016.^[4] It may not be the real number, for there might be more.

A few instances where I was a witness and victim because of our doctor, who are ignorant of the fact that they are being keenly watched by other sectors of people, who are not cultured or remain highly emotional. One such incident where I reported myself for chest discomfort to a close by a government medical college in Tamil Nadu in the emergency triage room. I found an intern doctor and 3 post graduate medicine and surgery residents working. The whole emergency looked busy and it is the real fact and scenario seen in almost in all government hospitals setup. I can understand the workload of these doctors posted in the emergency triage room. I made myself introduced and requested for an ECG as I was having pain. I waited patiently as I felt our doctors are so much involved in managing other patients. Time passed from minutes to hours. I later found the intern and one of the residents were laughing over something on the mobile phone. This is the situation I told “decorum in the vulnerable area”. I am upset not for the delay, but their act which made me emotionally unstable and pushed to get anger. Being a trained medical graduate who has been taught to have cordial relationship to patient and taught to be patience, I could not able to tolerate this incident as “I am suffering and being in a fearful situation”. Once I found that I am alright with ECG findings, I requested the doctors and made them to realize the situation that we are daily undergoing and this may provoke the mob. I am not here to blame all, but here and there, a few incidences are happening that have to be taken care of.

Therefore, maintaining a good decorum in the vulnerable area like Causality, Paediatric ICU, emergency ward are important. Personally, it is the duty of faculty of various specialties to keep advising and make aware this fact to the students who freshly enter into the medical college. I am doing so positively in most of my lectures in class or where ever I get an opportunity for classes.

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